MAXIMUS Federal Services

Case Number:	CM14-0090762		
Date Assigned:	07/23/2014	Date of Injury:	08/13/2013
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old male who was working as a grounds mechanic when she had a slip and fall. The injured worker's original date of injury was August 13, 2013. The injured worker's diagnoses include sprain and strain of the knee, internal derangement of the knee, brachial neuritis or radiculitis, and unspecified neuralgia. In the case of this injured worker, the disputed request is a one-month home-based trial of a dual function stimulator which includes electrical muscle stimulation as well as standard TENS unit type stimulation. A utilization review decision on June 2, 2014 had noncertified this request. The reviewer cited that there is "no indication for its use with knee sprains, internal derangement of the knee, or neuralgia."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) month home based trial of neurostimulator prime dual- transcutaneous electrical nerve stimulation (TENS) / electrical muscle stimulation (EMS) unit for symptoms related to left knee injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Official Disability Guidelines (ODG) TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electric Stimulation Section Page(s): 121.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 121 state the following regarding Neuromuscular Electrical Stimulation (NMES) Devices:"Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal-cord-injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna 2005)."The injured worker's diagnoses include sprain and strain of the knee, internal derangement of the knee, brachial neuritis or radiculitis, and unspecified neuralgia. The request for a dual stimulator type of unit is not indicated. There is no evidence or national guidelines to support the use of electrical muscle stimulation. It is not clear why the standard TENS unit was not requested. Neuromuscular stimulation is also not recommended according to guidelines as referenced above. This request is not medically necessary.